

MONTANA PUBLIC SERVICE COMMISSION

REGISTRATION FORM FOR SERVICE PROVIDERS* AND BILLING AGGREGATORS**, pursuant to House Bill 479.

Please print or type all required information. All attachments should bear the legal name of the Registrant. Registrants should file completed registrations and all related correspondence with: **Administrator, Utility Division, Montana Public Service Commission, PO Box 202601, Helena, Montana 59620-2601.**

PROVIDE ALL INFORMATION REQUIRED BELOW. INFORMATION MAY BE PROVIDED IN ATTACHMENTS TO THIS REGISTRATION IF NECESSARY.

1	Registrant's legal name:	
2	Registration is for (Check one):	Billing Aggregator [] Service Provider []
3	Name(s) under which Registrant will do business in Montana:	
4	Registrant's business street address:	
5	Registrant's mailing address, if different:	
6	Contact person for regulatory matters and that person's address, telephone number, email address, and fax number:	
7	Contact information for consumer complaints, including mailing address and toll free telephone number:	
8	Name, address and title of each officer and director, partner, or similar officer.	

* A service provider is any entity, other than the billing agent, that offers a product or service to a customer, the charge for which appears on the bill of a billing agent. (A billing agent is a telecommunications carrier that includes in a bill that it sends to a customer a charge for a product or service offered by a service provider.)

**A billing aggregator is any entity, other than a service provider, that forwards the charge for a product or service offered by a service provider to a billing agent.

9	For billing aggregators only, names and addresses of service providers providing services or products in Montana for whom you bill:	
10	Does the registrant, or any of the individuals identified in question 8 above, have any pending or concluded administrative, civil, or criminal legal actions that relate to or arise from billing transactions, business fraud, and unfair or deceptive sales practices? If yes, please describe.	

Registration Requirements

- 1) An original and two (2) copies of this registration must be provided. A copy of this form may be downloaded from the Commission's website at <http://psc.state.mt.us/>.
- 2) Applicants must also complete an electronic version of this form on the Commission's internet website at <http://psc.state.mt.us/>. The electronic form will be posted on the Commission's website after the written registration form is received and reviewed by the Commission. Where the same information is being requested on both forms, please make sure that the information provided on the electronic form is consistent with the information provided on this written form. The registration will not be effective until the electronic form is posted on the Commission's website.
- 3) The registration must be signed by two (2) officers of the Applicant and notarized.
- 4) That the officers attest the information provided is true to their best knowledge and belief.

Date: _____ BY (signature): _____

TYPED/PRINTED NAME: _____

TITLE: _____

Date: _____ BY (signature): _____

TYPED/PRINTED NAME: _____

TITLE: _____

Subscribed and sworn to before me this _____ day of _____ ,

Notary Public for the State of _____

Residing at _____

(SEAL)

My Commission expires _____